

# TAXPAYER PETITION TO THE CLARK COUNTY BOARD OF EQUALIZATION

**FILING INSTRUCTIONS:**

ONE **ORIGINAL** AND ONE **DUPLICATE**, SIGNED, SET OF DOCUMENTS TO:  
CLARK COUNTY BOARD OF EQUALIZATION  
500 WEST EIGHTH STREET, SUITE 19  
P O BOX 5000  
VANCOUVER WA 98666 5000  
TELEPHONE: (360) 397-2337 – FAX: (360) 397-6162

Petition must be received or postmarked no later than July 1 of the current assessment year (2006) or 60 days after the date of MAILING OF THE CHANGE OF VALUE (OR OTHER DETERMINATION NOTICE) by the Clark County Assessor, whichever comes later. A COPY OF THE CHANGE OF VALUE NOTICE MUST BE ATTACHED IF FILING AFTER JULY 1, 2006 (RCW 84.40.038)

ACCOUNT NO: \_\_\_\_\_

Office Use Only:

PETITION NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RMF# \_\_\_\_\_ NH # \_\_\_\_\_ SA \_\_\_\_\_ TS \_\_\_\_\_

The undersigned petitions the Board of Equalization to change the valuation of the property described below as shown on the Assessment Roll for **2006** for taxes payable in **2007** to the amount shown in Item No. 3(b) on this form.

**ALL ITEMS MUST BE COMPLETED (Please Print)****1. Account/Parcel Number: Enter this number in the space provided at the top right-hand corner of this petition.**

Your account or parcel number appears on both your assessment determination notice and your tax statement. Submit separate petition forms for each parcel under appeal unless you are appealing multiple parcels of similar property, such as a condominium complex or subdivision lots, in which case please request a supplemental form to simplify your filing. Parcels under the Open Space Taxation Act will file two petition forms e.g., one for Market Value and one for Current Use Value. Ask for Form REV 64-0077 (8-17-98)

**2. Owner on Record: \_\_\_\_\_****Mailing Address For All Correspondence Relating to Appeal:**

Name of Taxpayer or Agent &amp; Agency \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Phone No: [ ] FAX: [ ] e-mail: \_\_\_\_\_

**3. (a) Assessor's determination of Appraised Value: (b) Taxpayer estimate of Appraised Value:**

Land..... \$ \_\_\_\_\_  
Improvements/Bldgs \$ \_\_\_\_\_  
TOTAL (2006) \$ \_\_\_\_\_

Land.....\$ \_\_\_\_\_  
Improvements/Bldgs \$ \_\_\_\_\_  
TOTAL (2006) \$ \_\_\_\_\_

I request the information used by the assessor in valuing my property. [ ]

Assessor's "Change of Value Notice" or other determination notice was MAILED: \_\_\_\_\_  
(Date)

**4. Specific reasons why you believe the appraised valuation does not reflect the true and fair market value of your property.**  
*The assessor is, by law, presumed to be correct. You must prove that the appraised valuation is not the true and fair market value*

**The appraised value of other properties, the percentage of assessment increase, personal hardship, the amount of tax, and other matters unrelated to the market value cannot, by law, be considered by the Board.**

**If this petition concerns income property, you must attach a statement of income and expenses for the past two years and copies of leases or rental agreements.**

**5. General Description of property:**

- a. Address/location \_\_\_\_\_ City \_\_\_\_\_  
 b. Lot size (acres): \_\_\_\_\_  
 c. Zoning or permitted use: \_\_\_\_\_  
 d. Description of building: \_\_\_\_\_  
 e. View? ☐ Yes ☐ No f. Waterfront? ☐ Yes ☐ No

6. The property which is the subject of this petition is (check all which apply):  
☐ Residential Land ☐ Residential Building  
☐ Commercial Land ☐ Commercial Building ☐ Multi-family #Units \_\_\_\_  
☐ Industrial Land ☐ Industrial Building  
☐ Open Space/Current Use Land ☐ Mobile Home  
☐ Classified/Designated Forest Land ☐ Other \_\_\_\_\_

7. Purchase price of property: \$ \_\_\_\_\_ (If purchased within last 5 years-Attach copy of Financial Document)  
 Date of Purchase: \_\_\_\_\_  
 Remodeled or improved since purchase? ☐ Yes ☐ No Cost \$ \_\_\_\_\_

Has the property been appraised by other than the County Assessor? ☐ Yes ☐ No  
 If yes, appraisal date: \_\_\_\_\_ By whom? \_\_\_\_\_ (Attach copy if w/in 5 years)  
 Appraised value: \$ \_\_\_\_\_ Purpose of Appraisal: \_\_\_\_\_

Check the following statements that apply:

8. ☐ I intend to submit **additional** documentary evidence to the Board of Equalization and the assessor **no later** than seven **business** days prior to my scheduled hearing. (RCW 84.40.038)  
☐ My petition is complete. I have provided all the documentary evidence which I intend to submit and I request a hearing before the Board of Equalization as soon as possible.

I hereby certify I have read this Petition and that it is true and correct to the best of my knowledge.

Signed \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

SIGNATURE OF TAXPAYER OR AGENT

PRINT NAME/TITLE

9. Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.

The person whose name appears as authorized agent has full authority to act on my behalf on all matters pertaining to this appeal.

Signature of Petitioner (Taxpayer)

#### DOCUMENTARY EVIDENCE WORKSHEET

Most recent sales of comparable property (within the past 5 years):

	Parcel No.	Address	Land Size	Sale Price	Date of Sale
A-1					
2					
A-3					
A-4					

Information regarding sales of comparable properties may be obtained through personal research, local realtors, appraisers, or at the county assessor's office: 1300 Franklin Street, Vancouver WA. Monday - Friday 9 AM -5 PM.

To inquire about the availability of this document in an alternate format for the visually impaired or a language other than English, please call V(360) 397-2025; TTY (360) 397-2445; ADA @clark.wa.gov. You may also access tax information on the Washington State Dept. of Revenue Internet home page at <http://www.dor.wa.gov>